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ANNUAL REPORT OF OPERATIONS FOR YEAR 2017 Idaho Aquaculture Permit									
I. Facility N	Name: BBT Jacks	RE	BU	NPDES # IDG130053					
				0018					
Operator N	ame (<i>Permittee</i>): Le	•	2018	Phone: 208-837-6114					
Address: P.O. Box 479			EPA - RE	GION 10 Ce and Enforcement	Fax: 208-837-654				
Н	lagerman, Id 83332	Office of	EPA - REGION 10 Office of Compliance and Enforcement			E-Mail: fpi@fishbreedersofidaho.com			
Owner Nam	ne (if different from	operator): Leo E Ray		Phone: 208-837-6114					
II. Annual	Production:	Harvestable weight produced in the year			0		_ pounds		
III. Food Used: Number of pounds of food fed to the fish during the maximum month: 0 pounds									
IV. Noncompliance Summary:									
Include description & dates of noncompliance, the reasons for such incident, and the steps taken to correct the problem. Attach additional pages, if necessary.									
No Fish									
V. Best Management Practices (BMP) Plan									
BMP Plan has been reviewed this year. BMP Plan fulfills the requirements set forth in the permit: Yes No									
Summarize changes in the BMP Plan since last annual report:									
No Fish									
VI. Land application of solids and/or irrigation with wastewater									
Attach Maps	of Application Sites	(Note: IDAPA 58.01.	.02.650 re	quires IDEQ approva	l for solid	s disposal on	land.)		
Date	Location and	Acreage of Application	on	Solids Applied Cubic Yards or I			ter Applied Gallons		
	No Fish								
		Yearl	y Total						
VII. Offline Settling Basin Discharge Frequency (generally)									
#hours/day #days/wk#months/year or Other									

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VIII. Chemical Usage (including pesticides and drugs)								
Chemical	Date or # days used	Max	imum concentration in effluent (actual or estimated)					
None used								
IX. Fish Importat	ion, Transport, and Rele	ase Permi						
Number of permits issued by Idaho Department of Fish and Game during the year: 0 For which species?								
X. Inspections and Repairs for production and wastewater treatment systems								
Date Inspected	Date Repaired	D	escription of system inspected and/or repaired					
No change								
XI. Signature & Certification								
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."								
Signature:	DE, Key		Title/Company: President / Owner Big Bend Trout					
Print Name: Leo E	Ray	Date:						